

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.
1	1						51				
2		1					52				
3	1						53				
4	1						54				
5		4					55				
6		4					56				
7		1					57				
8		1					58				
9		1					59				
10	1						60				
11		1					61				
12		1					62				
13		1					63				
14		1					64				
15		1					65				
16		1					66				
17		1					67				
18		1					68				
19		1					69				
20		1					70				
21					1		71				
22						1	72				
23							73				
24						1	74				
25						1	75				
26						1	76				
27							77				
28						1	78				
29						1	79				
30						1	80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	4				1		TOTAL IND.				
TOTAL DEP.	23				9		TOTAL DEP.				
TOTAL CLAIMS	27				10		TOTAL CLAIMS				